

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
WINNING WOMEN

A. Full Name (Last, First, Middle Initial) Terry Bovin		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014	
Mailing Address 525 Park Ave.		Transaction ID : SA11AI.4303	
City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation NonProfit Work		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) Sara T. Fagen		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 606 N. Hudson St.		Transaction ID : SA11AI.4296	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer DDC Advocacy	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Sara T. Fagen		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 606 N. Hudson St.		Transaction ID : SA11AI.4297	
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer DDC Advocacy	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional).....		2250.00	
TOTAL This Period (last page this line number only).....			